



## The Delaware Health Care Commission Meeting

August 2, 2018 - 9 a.m. to 11 a.m.

### Meeting Attendance

**Commission Members Present:** Dr. Nancy Fan (Chair); Secretary Kara Odom Walker (DHSS); Theodore W. Becker (Mayor of Lewes); Trinidad Navarro (DOI); Dr. Jan Lee (DHIN); Bob Dunleavy – fill-in for Secretary Josette Manning (DSCYTF); Dr. Edmondo Robinson (Christiana Care Health System); Richard Heffron State Chamber of Commerce); David Roose – fill-in for Secretary Geisenberger (DOF)

**Commission Members Absent:** Dennis Rochford (Maritime Exchange for DE River & Bay)

**Meeting Facilitator:** Dr. Nancy Fan (Chair)

**Health Care Commission Staff:** Elisabeth Scheneman, Executive Director  
Kiara Cole, Community Relations Officer  
Eschalla Clarke, Social Services Senior Administrator

### **CALL TO ORDER**

Dr. Fan called the meeting to order at approximately 9:05 a.m.

### Meeting Minutes Approval – June 7, 2018

Dr. Fan requested the commissioners to briefly review the June 7<sup>th</sup> meeting minutes. Dr. Fan motioned for the meeting minutes to be approved. Commissioner Ted Becker motioned to approved and Commissioner Dr. Jan Lee second the motion. All Commissioners present were in favor of approving the June 7, 2018 meeting minutes.

\* note correction on 2 slides from August SIM presentation

Changes made include:

- “Carryover Is Feature of SIM”: the figure was changed to **\$11.6 million**, instead of **\$10.6 million**.
- “Budget Allocation for AY4 and Carryover”: Under “Payment Reform” in the final column the chart was updated to **make the total in the final column \$4.1 million, instead of \$3.1 million**. In the last column the total was updated to **\$11.6 million, instead of \$10.6 million**.

## **POLICY DEVELOPMENT ITEMS**

### **SB236: Health Care Claims Database (HCCD) Supplemental Appropriation – Dr. Nancy Fan**

The Delaware Health Information Network (DHIN) has been appropriated \$2 million via a general funds grant for the continued development of the Delaware Health Care Claims Database. The Delaware Health & Social Services department may require any claims submission claims by any insurer. As well as making it mandatory reporting. Visit [http://dhss.delaware.gov/dhcc/dhcc\\_presentations2018.html](http://dhss.delaware.gov/dhcc/dhcc_presentations2018.html) to view the SB236 handout.

#### ***Discussion***

Dr. Jan Lee provided comments regarding the SB236 bill. The State of Delaware's Office of Management & Budget (OMB) will provide funds to DHIN once OMB receives a budget plan that delineates all sources of funding. DHIN will also be receiving funding from the SIM grant to help evolve the HCCD. There are conditions to this funding as outlined in the SIM contract between DHIN and DHCC and within the SB236 and SB227. There will be usable datasets by the end of October contingent upon receiving the data from Delaware payers.

Dr. Fan questions Dr. Lee on where data sets will come from when released at the end of October. Dr. Jan Lee responded that DHIN is taking the view that will produce reports to the state in support of the Benchmark work. Based on the data that DHIN receives from payers, limitations will be denoted if there is a lack of full data sets. In addition, DHIN's consultants, Freedman Healthcare, conducted focus groups with stakeholders in Delaware to learn how the HCCD can provide value. Lastly, the DHIN board sub-committee board has been developed and will meet mid-August to evaluate and discuss requests for access of data within HCCD. The HCCD and supporting members will be operational by October 31, 2018.

#### ***Discussion***

Dr. Edmondo Robinson asked Dr. Jan Lee how transparent will requests for information be. Dr. Jan Lee responded that the DHIN data regulation statute addresses the issue of transparency. As for the frequency to which data access requests will be posted on the DHIN website has not been determined. The intent is to make requests available to the public immediately (e.g. a request has been approved or denied and the reasoning behind the approved or denied request).

### **SB227: Strengthening Primary Care in Delaware – Dr. Nancy Fan**

The bill was passed on June 28, 2018. The purpose of the bill is to increase access to primary care. The bill will require the following actions: requires all health insurers to participate in the Delaware Health Care Claims Database, requires certain payers to set primary care reimbursement rates at level not less than Medicare rates – access to primary care was the loss of providers because of less than adequate reimbursement rates. This action will now allow reimbursement rates to be a budget neutral practice (effective immediately) – this requirement sunsets in three years (must be renewed by the Joint Sunset Committee), and requires certain payers to pay chronic care management fees, modeled on Medicare CCM monthly fees (effective immediately).

Additionally, a Primary Care collaborative was established under SB227 in collaboration with the Delaware Center for Health Innovation (DCHI) under the Primary Care workgroup. The collaborative is comprised of Chairs, House and Senate Health Committees; DHCC Chair (or designees). The

Collaborative will convene on September 18, 2018. The meeting will be subject to Open Meetings requirement. The purpose of the collaborative is to assist DHCC in making annual recommendations. A report will be issued by January 8, 2018, covering specific topics. Recommendations will include level of investment in primary care and an evaluation will be conducted on the primary care role in meeting health care spending benchmark goals.

### **Discussion**

Dr. Jan Lee provided additional context on the requirement of health insurers to participate in submission of data to the HCCD (slide 5; bullet 3). This requirement expands from the original statute that passed in 2016. In the original statute the mandatory reporting were those who had a contractual relationship with the State. Which included: the Medicaid MCO's and the carriers for the State group health plan – everyone else was voluntary. The new statute will be an all claims database to align with the Benchmark work so that there are full data sets. Moreover, there are exemptions to the current statute by federal law. The Supreme Court recently ruled that state all payer claim databases cannot legally compel ERISA plans to participate. In order to get ERISA plan claims, it will have to be on a voluntary.

Visit [http://dhss.delaware.gov/dhcc/dhcc\\_presentations2018.html](http://dhss.delaware.gov/dhcc/dhcc_presentations2018.html) to view the SB236 handout and presentation.

### **Discussion**

Dr. Edmondo Robinson asked if the requirement for health insurers to participate in the HCCD would reinforce a fee-for-service model (as opposed to moving towards a value-based approach) and what the role of the Commission will be to ensure that value-based approach comes to fruition. Dr. Nancy Fan explained that a lot of debate within legislation was how much will the bill *just* support what is going on in the current infrastructure – lack of innovation and looking forward to what is going to improve payment reform. Immediate relief is going to be working within the current system. The rest of the bill addresses the question of *how do we move towards value-based payment? How do you account for population and patient-centered care? What is the total cost of care for primary care within Delaware?* When discussing this bill with the legislation, they are aligned with making sure Delaware is moving towards a value-based approach and how it will fit into payment reform.

Dr. Jan Lee commented that her story illustrates that as long as Delaware has a lack of alignment between patients, health care providers, and payers; Delaware is going to have a broken system.

## **UPDATES on ACTIVITIES AND INITIATIVES**

### **Marketplace Update – Trinidad Navarro**

Commissioner Navarro is concerned about funding for navigators. The amount of funding will be much lower (from \$600,000 down to \$100,000) and DOI will plan to hire casual-seasonal employees to help assist consumers with signing up for insurance via Marketplace. DOI will be collaborating with Westside Family Health, Chapman and any others that are willing to help expedite the recruiting process.

The following issuers have submitted QHP Applications for participation on the Marketplace in Plan Year 2019:

<u>Medical Issuers</u>	Stand-alone Dental Plans (SADP)
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Highmark Blue Cross Blue Shield Delaware	Delta Dental
	Dominion

There are ongoing negotiations with DOI to work with additional issuers to promote the Delaware market for the 2020 plan year.

The DOI and CMS Plan Management team have begun reviewing Issuer QHP applications and plans for compliance with federal and state regulations and standards. Moreover, CMS is working with Issuers on 2019 “Plan Preview” activities to ensure that data and information will be available on [www.HealthCare.gov](http://www.HealthCare.gov) is accurate and complete.

QHP Review for Plan Year 2019 is under way. The proposed timeline is as follows:

Proposed Timeline	QHP Review Activities
June - September 2018	<ul style="list-style-type: none"><li>• DOI reviews plans for compliance with federal and state laws and standards</li><li>• Areas for review include <i>rates, actuarial value, benefit design, cost-sharing, network adequacy, among others</i></li></ul>
September 2018	<ul style="list-style-type: none"><li>• Federal government continues to conduct final QHP reviews and certifies state-recommended plans</li></ul>
October 2018	<ul style="list-style-type: none"><li>• Federal government releases list of certified QHPs for Plan Year 2019</li><li>• Approved rates will be posted on the DOI website and on HealthCare.gov following the October Healthcare Commission Meeting</li><li>• Open Enrollment begins November 1 for Plan Year 2019</li></ul>

DOI held a public comment session the week of July 23. One person attended. Last year three public comment sessions were held statewide and 10 individuals attended overall. Consumers are a lot less involved due to the rate decreasing from 2017 to 2018. The rate last year was 33.6%.

DOI also offers public comment online at [www.delawareinsurance.gov](http://www.delawareinsurance.gov).

Highmark is seeking an overall average increase of 3.7%. The number of lives that will be impacted by this new rate increase will be approximately 23,934. Because Highmark is the only issuer on the Marketplace and because of the risk adjustment, Highmark was able to reduce their proposed increase from 5.7% to 3.7%. For FY 2019 Highmark has added three new plans: 1 Bronze, 1 Silver and 1 Platinum. There are no small group market plans for 2019. Lastly, the DOI approves/disapproves all health insurance rates following a comprehensive review of all Issuer filings, including request for rate increase.

The rate is the base amount filed by the carrier. Premiums paid by an individual include the base rate *plus* whatever adjustments are permitted under the law – age, family size and tobacco use. Information on proposed health insurance rates for Plan Year 2019 is located on the DOI's website: [www.delawareinsurance.gov](http://www.delawareinsurance.gov). The rates provided above are the initial requests from Issuers and **not** the approved rates. Visit [http://dhss.delaware.gov/dhcc/dhcc\\_presentations2018.html](http://dhss.delaware.gov/dhcc/dhcc_presentations2018.html) to view the SB236 presentation.

### **Discussion**

Dr. Edmondo Robinson asked what effect it will have on Delawareans on excluding individuals with pre-existing conditions on plans and how DOI is thinking about protecting individuals who choose short-term plans that do not fully cover individuals. Trinidad Navarro responded that DOI is in the process of regulating associated health plans. State law requires that all plans mirror the Affordable Care Act (ACA) with respect to pre-existing conditions. DOI understands that the ACA is *not* affordable for many and are not eligible for tax credits (i.e. small business owners).

## SIM Update – Secretary Kara Odom Walker

The Department of Health & Social Services is moving forward with spending authority from the Center for Medicare and Medicaid Innovation (CMMI) for expenditure of funding for a fund otherwise known as Value-Based Payment Reform Fund. One-time funding is available through the Health Care Commission grant for the following eligible projects:

- Data Integration
- Improved Coordination of Patient Care
- Increased Readiness to Integrate into an Accountable Care Organization (ACO) or operate through an Alternative Payment Method (APM)

Work or services must be completed by January 31, 2019. Those who are eligible to apply are primary care providers, behavioral health providers, Accountable Care Organizations (ACO's), hospitals, Federally Qualified Health Centers (FQHC's) and clinically integrated networks. The applicable practices must be licensed in Delaware. They may apply for funds ranging from \$50,000 (small project) up to \$250,000 (large project). Practices may apply for multiple projects. The final date to submit applications will be on August 30, 2018. A Q&A conference call session will be held on August 9, 2018 at 2:00PM. Applications and questions should be forwarded to [DHCC@state.de.us](mailto:DHCC@state.de.us).

### **Discussion**

Dr. Jan Lee commented that in respect with the data integration that practices be encouraged to integrate with DHIN's HCCD. DHIN wants to ensure that the claims and clinical data are on the same platform and using the same analytical tools. This concerted integration will allow for more complete data, which will assist with providing meaningful data sets for cost and quality care in Delaware.

Dr. Nancy Fan asked Secretary Walker if HCCD is flexible enough for practices to work with both claims and clinical data. Secretary Walker explained that purpose of working with practices through this fund is thinking about how to interface potentially with DHIN. Pull out clinical and cost information, but be able to use the data for an attributable population – at the large practice or panel level.

### **Public Comment**

Erin Goldner – commented on her support for the Investment Fund Mini-Grant Fund. She asked Dr. Jan Lee if DHIN would be a workspace and what is the cost of DHIN for a provider to utilize the HCCD. Dr. Jan Lee said that there is not a simple answer to those questions because DHIN offers about 20 different services. The pricing depends on the service a provider or practice needs.

Furthermore, to provide context around the mini-grant fund. The mini-grant fund is being funded through carry-over funds that has been approved by CMMI. All SIM funds require a CMMI unrestriction. Unrestriction decisions are made by project and activity and a separate unrestriction action is required for each expenditure. DHSS/DHCC has been challenged with spending all Year 4 and carryover funds by January 31, 2018. The priorities reflect CMMI and stakeholder feedback.

Our Year 3 no-cost extension was denied leaving us to believe that we would not receive an extension for Year 4. Most of this was due to change in leadership at CMMI. The highest priority item for CMMI

was to see a progress towards a model of paying for care (Payment Reform). CMMI is supportive of the Cost and Quality Benchmark as a way to continue dialogue and to continue to strengthen primary care.

Every year we have had carryover. The following list outlines the carryover budget over the years:

- Year 1: \$3.9 million
- Year 2: 4.9 million
- Year 3: 6.1 million
- Year 4 (includes carryover from years 1-3): \$11.6 million

\*Numbers have been updated since August 2, 2018. The above numbers properly reflect the current amount of budgeted funds in the Payment Reform driver and the total.

#### **Public Comment**

Erin Goldner – provided comment pertaining to the pie chart on slide 20 of presentation (Visit [http://dhss.delaware.gov/dhcc/dhcc\\_presentations2018.html](http://dhss.delaware.gov/dhcc/dhcc_presentations2018.html) to view the SB236 presentation).

#### **SIM Year 4 Report – Dr. Nancy Fan**

By CMMI requirements, the state hired a two-time federal evaluator for Year 4. In addition, we were required to hire a state evaluator to provide insights every quarter and at the conclusion of each year. Concept Systems Incorporated, a third party state evaluator, developed the report conducted individual interviews with SIM stakeholders selected by Concept Systems. The report includes how the SIM process is going and how it has influenced innovation and transformation in the state of Delaware. In the spirit transparency, the quarterly report was made available to the DCHI Board of Directors and the HCC. This report is for internal use only.

#### ***Discussion***

Dr. Edmondo Robinson highlighted the section of the report titled **Knowledge Management**, bullet 3.

*There is a perceived lack of transparency among stakeholders as to how HCC is moving forward in AY4. Stakeholders appreciate opportunities to provide feedback on these plans but feel that feedback is not always valued. There has been a lack of understanding regarding how activities are being planned, what strategies are being taken, and how sustainability is being considered.*

Dr. Robinson expressed that the Commission is *told* what is going to happen rather than being provided with information and the opportunity to provide meaningful guidance and recommendations on how to proceed with SIM planning. Dr. Nancy Fan expressed her understanding and suggested that it is more the delivery of what is being provided rather than the actual plan itself. Moving forward information will be presented differently. Secretary Walker mentioned that a lot of the work that has been completed under the SIM grant has been heavily revised by CMMI. The strategy and direction that we are going in is at the discretion of CMMI and therefore we must proceed with CMMI's recommendations because of the short timeline the state has to spend the remainder funds.

#### **Public Comment**

Marge Fleming-Smith – commented regarding an upcoming seminar titled “Neurological Patient Issues: Dealing with Anesthesia and Surgery.” For more information, please contact Marge at [mflemingsmith@yahoo.com](mailto:mflemingsmith@yahoo.com).

**Adjourn**

The meeting adjourned at approximately 11:00 a.m.

Meeting presentations are available on the DHCC website  
([http://dhss.delaware.gov/dhss/dhcc/dhcc\\_presentations2018.html](http://dhss.delaware.gov/dhss/dhcc/dhcc_presentations2018.html)).

The next HCC meeting will be held on Thursday, September 6, 2018 beginning at 9:00 a.m. at the Del-One Conference Center.